

CORRESPONDENCE**Letters to the Editor**

Psychological Stress and Cardiovascular Disease With Emphasis on Acute Coronary Syndromes

We read with great interest the state-of-the-art report regarding psychological stress and cardiovascular disease by Dimsdale (1). The study did an excellent job of addressing the role of microvascular dysfunction in response to psychological stressors, and the concomitant impact this has on perfusion of the cardiovascular system.

Nonetheless, we were disappointed that there was no emphasis on the clinical consequences that stress has in actually triggering an overt acute coronary syndrome (ACS) (2,3). As we are all aware, the burden of ACS results in significant hospitalizations and mortality in our communities (4,5). We would like to emphasize that there are multiple excellent articles that lend credence to the high likelihood that stress leads to metabolic derangements that, in turn, serve as possible trigger(s) for an ACS (6–12).

Once again, we applaud a very concise summary on the importance of psychological stress and cardiovascular disease, but we hope that this letter provides a valuable addition to this article.

***Stephen K. Williams, MD**
Karina W. Davidson, PhD

*Division of Cardiology
Emory University School of Medicine
1639 Pierce Drive, Suite 319
Atlanta, Georgia 30322
E-mail: Stephen.K.Williams.DMS01@Alum.Dartmouth.org

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Reply

I thank Drs. Williams and Davidson for their interest in my recent paper (1). They emphasize that the literature on stress and cardiovascular disease is extensive and that the clinical consequences are weighty. I agree. Rather than discuss additional references from this enormous literature, I thought I might reply with an excerpt from Billy Collins' poem "Picnic, Lightning" (2), a meditation on freak accidents and death:

*And we know the message
can be delivered from within.
The heart, no valentine,
decides to quit after lunch,
the power shut off like a switch,
or a tiny dark ship is unmoored
into the flow of the body's rivers,
the brain a monastery,
defenseless on the shore.*

The pathophysiological links are readily apparent. Our bodies are poised to respond to life's challenges, and psychological stressors can cast a long shadow on our patients' prospects for the future, particularly in the context of coronary artery disease. Medicine's challenge is to devise interventions so that productive lives are not cut short prematurely by the stress-cardiovascular disease relationship. There has been considerable progress, but more remains to be done.

Joel E. Dimsdale, MD*

*University of California, San Diego
UCSD-Psychiatry
9500 Gilman Drive
La Jolla, California 92093
E-mail: jdimsdale@ucsd.edu

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